



Submit to:
 Kelly Brown
 Office of the Customer Service Operations
 John A. Wilson Building
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 Washington, DC 20004
 Fax – 727-9878
 For more information call 727-5687

Nomination Form

Nominator’s Name: _____

Nominator’s Title: _____

Nominator’s Agency: _____

Nominator’s Contact Number: _____



Nominee’s Name: _____

Nominee’s Title : _____

Nominee’s Agency: _____

Nominee’s Contact Number: _____



Selection Criteria:

Please check all that apply and best describe the nominee’s accomplishments.

- ☐ Nominee does not have any record of disciplinary action.
- ☐ Nominee has been rated excellent or better in their most recent performance evaluation.
- ☐ Nominee has received commendations from two or more constituents within the past year.
(If possible, copies of this correspondence should be attached.)

Nominee has demonstrated excellence in one or more of the following areas:

Please check all that apply

- ☐ Provides outstanding overall customer service to both internal and external employees.
- ☐ Consistently displays customer commitment by taking ownership of difficult or complex issues and working through those issues until they are satisfactorily resolved.
- ☐ Is resourceful in his/her efforts to go above and beyond the call of duty to enrich interactions with constituents and coworkers.
- ☐ Maintains an attitude and commitment to internal customers that fosters the development of successful working relationships within and across agencies.

****You must attach additional sheets citing at least two (2) specific examples of performance to justify this nomination.****

Nominee’s Agency Director _____

(please sign and date)

Please note that incomplete nominations or nominations submitted after September 17, 2004 will not be considered.